

PART B - FEE(S) TRANSMITTAL

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35690 7590 06/12/2007

MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C.
 P.O. BOX 398
 AUSTIN, TX 78767-0398

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B. Noel Kivlin	(Depositor's name)
	(Signature)
9-10-07	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/767,846	01/29/2004	Victor Rosenman	5681-80400	2973
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TITLE OF INVENTION: SIMULTANEOUS EXECUTION OF TEST SUITES ON DIFFERENT PLATFORMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$300	\$0	\$1700	09/12/2007
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EXAMINER	ART UNIT	CLASS-SUBCLASS
LOHN, JOSHUA A	2114	714-032000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.359)

- ☐ Change of correspondence address (or Change of Correspondence address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Meyertons Hood Kivlin**
Kowert & Goetzel, P.C.

2 **B. Noel Kivlin**

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sun Microsystems, Inc.

Santa Clara, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies

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- ☒ The Director is hereby authorized to charge the registered fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10562881-80400. (Enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 9-10-07

Typed or printed name B. Noel Kivlin

Registration No. PTO # 33,929

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